## DESI AVAILABLE COPY )

								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO								D /					
Effective October 1, 2000								09814194/2325,00438					
CLAIMS AS FILED - PART I								SMALL ENTITY OT				THAN	
(Column 1) (Column 2)							TYPE		OR	SMALL			
ТО	TAL CLAIMS		20				R/	ATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BAS	IC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			20 minus 20=		. Ф		X	9=		OR	X\$18=	_	
INDEPENDENT CLAIMS			3_minus 3 =		8		X40=			OR	X80=		
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT				+135=			OR	+270=	_	
* If the difference in column 1 is less than zero, enter "0" in column 2							TC	TOTAL		OR	TOTAL	710	
CLAIMS AS AMENDED - PART II										•	OTHER	THAN	
	(Column 1) (Column 2) (Column 3)							IALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	BER	PRESENT EXTRA	R	RATE TION FEI			RATE	ADDI- TIONAL FEE	
	Total	.21	Minus	:	20	= /	X	9=		OR	X\$18=	18	
	Independent	· 5	Minus	•••	3	- 2	×	40=		OR	X80=	172	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							35=			+270=		
								TOTAL		OR	TOTAL	190pd	
			ADDIT. FEE			OR ADDIT. FEE 790PA							
		(Column 1) CLAIMS			mn 2) HEST	(Column 3)							
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		2		9=		OR	X\$18=		
	Independent	·	Minus	***	T CL AINA	-	X	40=		OR	X80=		
<b> </b>	FIRST PRESE	NTATION OF MI	ULTIPLE DEF	EINDEIN	CLAIM		+1	35=		OR	+270=		
								TOTAL T. FEE		OR	TOTAL ADDIT, FEE		
	(Column 1) (Column 2) (Column 3)							1. FEE			AUDII. I EE		
[.		CLAIMS		HIG	HEST				ADDI-	l		ADDI-	
AMENDMENT C		REMAINING AFTER AMENDMENT		PREV	MBER OUSLY FOR	PRESENT EXTRA	R.	ATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	•	Minus	••		=	X	9=		OR	X\$18=		
NE NE	Independent	•	Minus	•••		=	X	40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							•				<del> </del>	
	I the esterin set	L	35=		OR	+270=							
	" If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number lound in the appropriate box in column 1.												